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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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November 1, 2016

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**APPROVE ACCEPTANCE OF THE WHOLE PERSON CARE PILOT
AWARD FROM THE CALIFORNIA DEPARTMENT OF HEALTH
CARE SERVICES AND APPROVE RELATED ACTIONS
NECESSARY TO FURTHER IMPLEMENTATION OF THE HEALTH
AGENCY'S INTEGRATED CARE INITIATIVES AND TO SUPPORT
THE COUNTY'S EFFORTS ON HOMELESSNESS, DIVERSION AND
RE-ENTRY, SUBSTANCE USE DISORDER TREATMENT AND
MENTAL HEALTH CARE FOR THE COUNTY'S MOST
VULNERABLE POPULATIONS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Approve acceptance of an award from the California Department of Health Care Services in the amount of \$450 million in federal funds over five years and approve related actions, including adding positions, to further implementation of the Health Agency's integrated care initiatives and to support the County's efforts on Homelessness, Diversion and Re-Entry, Substance Use Disorder Treatment and Mental Health Care for the County's most vulnerable populations to ensure they have the resources and support they need to thrive.

IT IS RECOMMENDED THAT THE BOARD:

- 1) Delegate authority to the Director of Health Services or his designee (Director) to accept an award from the California Department of Health Care Services (DHCS), in the amount of \$450 million over the five year pilot period January 1, 2016 through December 31, 2020, and sign an agreement with DHCS

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

56-E November 1, 2016

LORI GLASGOW
EXECUTIVE OFFICER

effective upon execution and expiring on June 30, 2021 and sign all other documents with DHCS in order to implement the Los Angeles County (LAC) Whole Person Care (WPC) Pilot Program pursuant to the California Medi-Cal 2020 Demonstration and as outlined on Attachment A, upon approval of the agreement by County Counsel, with notice to the Board and Chief Executive Office (CEO).

- 2) Delegate authority to the Director to execute any future amendments to the aforementioned agreement and related documents with DHCS necessary to sustain the WPC Pilot Program throughout the term, on condition that the amendments and related documents do not materially alter the County's legal obligations under the base agreement with DHCS, subject to review and approval by County Counsel with notice to the Board and CEO.
- 3) Delegate authority to the Director to enter into and implement an agreement or agreements with the State of California (State) and sign all attestations, certifications and other necessary documents for an intergovernmental transfer (IGT) agreement in an annual aggregate amount of \$90 million to provide the local match for the LAC WPC Pilot Program.
- 4) Delegate authority to the Director to: (i) amend an existing Board approved agreement with either EccoVia Inc., dba ClientTrack or Safety Net Connect, Inc., pursuant to an expedited procurement process, effective upon execution by the parties for a period no greater than the WPC Pilot Program period, including any extensions thereto, for the implementation of an information technology (IT) platform for a care management platform (CMP) that will be the backbone support to LAC's WPC Pilot Program and will allow for many providers serving a single client to share an interdisciplinary client plan visible in real time with the cost of the CMP will not to exceed \$5.0 million to build and maintain; (ii) add, delete, and/or change certain terms and conditions in the applicable agreement as required under federal or State law or regulation, County ordinance, and policies from the Board and CEO; (iii) amend the applicable agreement to include terms and conditions that better and more fully address the WPC Pilot Program's needs and requirements; and (iv) revise the applicable agreement to improve, add, or update technical or administrative operations within the agreement's scope of services; with all actions subject to review and approval by County Counsel and the Chief Information Office (CIO), and with notice to the Board and CEO.
- 5) Authorize the Director to add and fill 25 positions as detailed in Attachment B, pursuant to Section 6.06.020 of the County Code and subject to allocation by the CEO, to provide critical staffing needed to implement activities to achieve LAC's WPC Pilot Program goals.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The five year award of \$450 million from DHCS to the County will establish and support an integrated system of health, public health and mental health care tied to social and other services to implement a WPC Pilot in the County of Los Angeles and make significant progress toward realizing the County's policy goals on Homelessness, Diversion and Re-Entry, Substance Use Disorder Treatment and Mental Health Care for the County's most vulnerable populations to ensure they have the resources and support they need to thrive. Approval of the first recommendation will enable DHS, on behalf of the County, to accept the monetary award, and sign an agreement with DHCS effective upon execution and expiring on June 30, 2021, and position DHS to comply with the most time sensitive requirements for implementation of the WPC, as further set forth in this Board letter.

Approval of the second recommendation will authorize the Director, to accept and execute any future amendments and related documents with DHCS necessary to sustain the WPC Pilot Program throughout the anticipated five year term on condition that the amendments and related documents do not materially alter the County's legal obligations under the base agreement with DHCS, subject to review and approval by County Counsel with notice to the Board and CEO.

Approval of the third recommendation will delegate authority to the Director to enter into agreement(s) with the State in order to effectuate the local match for the WPC Pilot Program.

Approval of the fourth recommendation will delegate authority to the Director, to amend an existing agreement to expediently obtain an IT platform for a case management system to support the WPC Pilot Program, thereby allowing the WPC Pilot Program to stay on the proposed timeline for implementation and allowing the County's WPC Pilot Program to earn a large incentive payment for timely implementation of a care management platform.

Approval of the fifth recommendation will provide the Department of Health Services (DHS) with the authority to employ the staff initially required to implement the approved WPC Pilot Program. Timely recruitment and onboarding of key staff will ensure that the program's components are implemented according to the timeline outlined in the County's WPC Pilot Program application and also allow the County to maximally earn incentive payments as described in the approved application.

Background

On July 1, 2016, DHS, as the lead entity for the County, applied to DHCS for the innovative WPC Pilot Program. WPC is a five-year program authorized under the California Medi-Cal 2020 Demonstration approved by the Centers for Medicare and Medicaid Services (CMS). The vision of WPC is to ensure that the County's most

vulnerable Medi-Cal beneficiaries have the resources and support they need to thrive. WPC will bring together health and social service delivery entities across the County to build a more client and community centered system of care and develop the foundational infrastructure necessary to deliver seamless, coordinated services to the County's Medi-Cal population.

The WPC Pilot Program as awarded will bring up to \$450 million in new funds over five years to support 11 different programs with five target populations employing a variety of cross-cutting strategies referred to as the WPC Toolkit (all described in Attachment A), to serve an anticipated 50,000 Medicaid beneficiaries each year. WPC will screen and engage individuals for WPC programs at health and social service delivery entities across the County using a “no wrong door” approach, and one or more WPC programs will address the complex needs of these target populations.

There is a very short timeline to implement the WPC Pilot Program in LAC and ensure the ability to receive and keep all of the anticipated \$450 million WPC award. Board approval of the recommendations in this letter will enable DHS to begin setting up the necessary infrastructure to make WPC a success and accomplish the Board's integrated care initiatives.

Similar to other DHS and Health Agency programs, although WPC Pilot Program funding can only be used to support services to Medicaid beneficiaries, the County's WPC program will enroll, and pay for, with separate funding, individuals who meet all the other eligibility criteria of WPC except being Medicaid enrolled or eligible. The Non-Federal Share portion of the program will be funded with an IGT of funds by DHS.

Information Technology (IT) Procurement

One of the most important aspects of the WPC Toolkit is the deployment of an IT platform for care management that will be used by complex care management teams, including community health workers, which will allow an interdisciplinary client plan to be visible across providers in real time. For example, WPC staff in the community re-entry program will use the platform to screen and enroll eligible clients, deliver a comprehensive needs assessment, and develop a care plan. Once complete, the care plan will be available across the County so that if a client visits a hospital emergency department, the clinical team will be able to find the client and assess the client's activities with the care manager. The IT platform will be the primary tool to track clients, report on activities with respect to each client and create the records needed to support reporting requirements associated with the WPC Pilot Program. The initial phase of platform implementation will include the implementation of the platform to allow use by WPC and County and community-based providers. In later phases, we will work to integrate the platform with county-wide data integration and analytic efforts, including:

Los Angeles Network for Enhances Services (LANES), the appropriate features of the County's electronic health record system known as the Online Real-Time Centralized Health Information Database (ORCHID), such as Health Intent, and the Countywide master data management system.

The use of the described care management IT platform is mandated in the WPC request for proposals, and DHS' timely implementation of the platform in two phases in 2017 is tied to up to \$4.25 million in WPC payments that the County will not receive if IT platform deployment target start dates are not achieved. Inability to implement certain features by March 2017 may result in lost revenue, as DHS will not have a systematic electronic method for tracking client enrollment that meets the State requirements for the pilot.

In order to achieve the goals of WPC and meet the stringent deadlines of the WPC Pilot Program, DHS examined existing County IT systems' capabilities to consider suitable opportunities for system expansion that will allow DHS to meet key WPC deadlines. The ability to launch the IT platform in a timely manner is vital to meeting the requirements of the WPC pilot. DHS also considered use of ORCHID and determined that ORCHID is not an appropriate IT platform for WPC. Currently, ORCHID establishes the medical record for DHS patients. The Medi-Cal beneficiaries to be served through the proposed WPC Pilot Program may or may not be DHS patients and thus not appropriate to add to ORCHID. Additionally, there may be a need to segregate certain information about the WPC participants as defined by Department of Justice privacy regulations or Office of Civil Rights privacy regulations (HIPAA), or relative as defined by an interpretation by County Counsel.

DHS discussed possible expedited procurement strategies with the CEO and CIO. The departments, with the concurrence of County Counsel, determined that the most expeditious approach to obtain the necessary IT platform is from a current IT vendor who has an existing Board approved agreement in good standing with the County, and has a proven track record in performing the type of IT services required for this platform. Due to urgency in commencing the IT platform and supporting the ability to collect mandated data as well as incentive payments, DHS is planning to conduct an expedited, procurement process to obtain responses from two vendors whose existing systems have been identified as suitable for WPC. The procurement process does not require the award of a contract to either respondent and DHS may choose to cancel the procurement if it is in the best interest of the County.

The first vendor, EccoVia Inc., was awarded an agreement by your Board in March 2016 to provide its case management system, ClientTrack, to DHS' Housing for Health Program. The system is expected to be implemented and available for the County's use by the end of 2016. The second vendor, Safety Net Connect, Inc., provides the County's electronic physician-to-specialist consultation and referral system, also known as "eConsult", pursuant to an agreement awarded by the Board in October 2013. DHS, through a combination of internal review of each system and input from Gartner, Inc.,

identified the foregoing systems as appropriate for further exploration. Both vendors provide modules within their existing portfolio of products that should meet the requirements of WPC. In addition, as vendor-hosted systems, both systems can more easily scale to meet the growing demands of WPC and potentially result in lower IT costs.

Both firms will be provided the same information and opportunities to ask questions and meet with DHS to develop their responses. In addition, specific instructions will be issued to facilitate standardized responses. A team of DHS IT and other subject matter experts using uniform criteria will review the process and pricing. The DHS Director of Contracts and Grants will provide guidance and oversight during the entire procurement process to ensure that a fair and impartial process is conducted. Because of the urgency of the deployment of the IT platform, we are providing your Board notice of our proposed procurement activities and requesting delegated authority in recommendation four to enter into the resultant contractual arrangement with the selected contractor.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability and Goal 3, Integrated Services Delivery of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

In early 2017, DHS will include the necessary appropriation and revenue changes in the first Fiscal Year 2016-17 County-wide mid-year appropriation adjustment Board letter changes, and will include the necessary changes for future fiscal years in the annual budget requests.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The WPC award agreement and any future amendments and/or related documents, as well as the IT agreement amendment referenced in recommendation four, will be reviewed and approved by County Counsel.

CONTRACTING PROCESS

DHS was selected for the WPC award through an application process conducted by DHCS. Los Angeles County was the only County to receive the maximum award over the five year period.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will ensure that the County is able to meet the most time sensitive requirements of the WPC award and support the Board's initiatives, as mentioned above.

The Honorable Board of Supervisors
November 1, 2016
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Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is written in a cursive, flowing style.

Mitchell H. Katz, M.D.
Director

MHK:kh:sr

Enclosure

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

LOS ANGELES COUNTY'S WHOLE PERSON CARE PILOT PROGRAM AND ITS RELATIONSHIP TO THE HEALTH AGENCY'S INTEGRATED CARE INITIATIVES AND THE COUNTY'S EFFORTS ON HOMELESSNESS, DIVERSION AND RE-ENTRY, SUBSTANCE USE DISORDER TREATMENT AND MENTAL HEALTH CARE

WPC Programs

Homeless High-risk

- **Homeless Care Support Services (HCSS):** Targeting those housed in bridge or permanent housing through WPC-affiliated programs, HCSS teams provide comprehensive services to support eligible clients, including: outreach and engagement, assessment and care planning, ongoing monitoring and follow-up, linkage and accompaniment to appointments with physical and behavioral health providers, crisis interventions, transportation, benefits establishment and other social service supports, including assistance with life skills, education and vocational support, and navigation to permanent housing. WPC programs do not pay for housing or housing subsidies.
- **Benefits Advocacy:** Targeting those eligible for social supplemental income (SSI) or social security disability insurance (SSDI), advocates navigate eligible clients to SSI or SSDI benefits (key to moving individuals into permanent housing) and provide services including: outreach and engagement, screening and assessment for medical and non-medical requirements, coordination of health and mental health records to support application, legal consultation for complex claims, appeals and hearings, internal quality assurance reviews, and advocacy with government agencies.
- **Recuperative Care:** Through WPC, we will increase capacity for recuperative care across the County. Targeting those recovering from an acute illness or injury whose condition would be exacerbated by living on the streets, recuperative care teams provide short-term care during recovery, including: 24/7 health monitoring, assistance with activities of daily living, development and monitoring of comprehensive homeless care support services plan, linkage and accompaniment to appointments with physical and behavioral health providers, group and social activities, transportation, benefits establishment and other social service supports, including assistance with life skills, education and vocational support, and navigation to permanent housing after leaving the recuperative care center.
- **Sobering Center:** Through WPC, we will increase sobering center capacity across the County and create an alternative destination for appropriate intoxicated individuals. Targeting those who are intoxicated, but do not require acute medical treatment, Sobering Center teams monitor and support acutely intoxicated individuals through: onsite medical triage and point of care lab testing, client beds, oral rehydration and food services, treatment for nausea, wound and dressing changes, shower and laundry facilities, homeless care support services, substance use counseling, and linkage to long-term health and behavioral health services.
- **Tenancy Support Services:** Targeting all those housed through WPC-affiliated programs, tenancy support teams provide move in assistance and linkage to non-WPC funded rental subsidies held in the LA County housing pool. This includes housing location services for WPC clients who need special accommodations and housing retention services, including crisis intervention, health and safety visits, unit habitability inspections, and coordination with landlords to address unit or tenancy issues. WPC programs do not pay for housing or housing subsidies.

Re-entry High-risk

- **Pre-release:** Targeting those who are incarcerated in County jails with anticipated release within 90 days, a pre-release care coordination team provides comprehensive services to support eligible clients, including: engagement in jail, assessment and pre-release care planning, ensuring a pre-release discharge planning visit with physical health and behavioral health providers focused on post-release clinical follow-up needs and care transitions (e.g. providing client a discharge summary, 30-day supply of medications, communicating with community-based providers), transportation, benefits establishment (especially Medi-Cal re-enrollment or enrollment), other social service supports, including assistance with life skills, education and vocational support, navigation to housing post-release, and warm hand-off to a community-based re-entry team via a face-to-face or telemedicine visits.
- **Post-release:** Targeting those who are released from County jail or State prison within the last 180 days or who are identified through the County court system, post-release care coordination teams provide comprehensive services to support eligible clients post-release, including: peer mentorship through community health workers (CHWs) who have a history of incarceration, outreach and engagement starting pre-release, continuing support around the pre-release care plan, ongoing monitoring and follow-up including home visits, health coaching, motivational interviewing, harm-reduction, linkage and accompaniment to appointments with physical and behavioral health providers, transportation, benefits establishment, maintenance of benefits, and other social service supports, including assistance with life skills, tattoo removal, family counseling, parenting education, education and vocational support, legal support (criminal justice navigation, child support and restitution), and navigation to permanent housing.

Mental Health High-risk

- **Residential and Bridging Care (RBC):** Targeting those in psychiatric inpatient units, Institutes of Mental Disease (IMD), or an Enriched Residential Setting (ERS) who can return to non-institutional settings, RBC Transition Teams provide comprehensive pre- and post-discharge services that supplement existing discharge planning functions and support eligible clients in their transition back to the community, including: peer support and support of family involvement to promote community re-integration, coordination and communication between institutional teams and community-based providers (e.g. full service partnerships), augmentation of existing after-care plans to cover a broader range of service needs, linkage to community-based resources including mental health programs, residential treatment, physical health and SUD providers, benefits establishment, and other social service supports, including assistance with life skills, education and vocational support, navigation to housing and legal services.
- **Intensive Service Recipient (ISR):** Targeting those with 6+ psychiatric hospital admissions in the previous year, ISR Teams provide comprehensive services to eligible clients for approximately 60 days post-discharge, including: peer support through CHWs, outreach and engagement pre-discharge, ongoing monitoring and follow-up including home visits, linkage and accompaniment to appointments with physical, mental health and SUD providers, crisis intervention, transportation, benefits establishment, and other social service supports, including assistance with life skills, emergency food/clothing/household goods, education and vocational support, legal support, navigation to permanent housing, and warm handoff to MHSA full service partnerships after 60 days.

Substance Use Disorder (SUD) High-risk

- **SUD Engagement, Navigation & Support (SUD-ENS):** SUD-ENS teams will provide 2-3 months of support for eligible clients who are ready to engage in SUD services as part of the expanded Drug Medi-Cal program (DMC) LA County will implement by mid-2017. The support will include: peer support through CHWs, outreach and engagement, including motivational interviewing, linkage and accompaniment to SUD services (including during transitions from withdrawal management services to community residential treatment or outpatient services), linkage and accompaniment to appointments with physical, mental health and SUD providers, crisis intervention, transportation and child care support, benefits establishment, and other social service supports, including assistance with life skills, education and vocational support, legal support and navigation, and navigation to permanent housing.

Medically High-risk

- **Transitions of Care (TOC):** Targeting those admitted to a general acute care hospital that is Lanterman-Petris-Short (LPS) Act-designated and on the LANES Health Information Exchange, the Transitions of Care (TOC) program will provide comprehensive services to eligible clients prior to and for 30 days post-discharge. Pre-discharge activities include: outreach and engagement, assessment and creation of a transitions of care discharge plan, including ensuring medication changes and red flags are reviewed, discharge instructions are communicated to the client in a culturally competent manner, and client has a plan to fill needed prescriptions, supporting appointment scheduling with primary care and specialty providers, and addressing social needs including transportation, housing, and food insecurity. Post-discharge activities include: peer support from a CHW, crisis intervention, home visit within 72 hours of discharge to manage the TOC care plan and support client around medication issues, home health needs and social service needs, linkage and accompaniment to follow-up primary care and specialty appointments, support for care coordination and communication with the hospital, transportation, benefits establishment, and other social service support.

Target Populations

Homeless High-risk: Individuals who are experiencing homelessness and have multiple contacts with the health care delivery system, disability or chronic health conditions, mental illness or chronic substance use disorders.

Re-entry High-risk: Individuals re-entering the community from the justice system who have recent and/or recurrent acute care utilization before incarceration or while incarcerated, multiple and/or complex chronic medical conditions, serious mental illness (SMI), substance use disorder (SUD), or who are pregnant.

Mental Health High-risk: Individuals who are high-utilizers of acute care services due to SMI.

SUD High-risk: Individuals who are high- utilizers of acute care services due to SUD or who have social risk factors in addition to SUD, including homelessness and a recent history of incarceration.

Medically High-risk: Individuals with a history of multiple hospital admissions who have SMI, SUD or social risk factors including homelessness and recent history of incarceration.

Whole Person Care Toolkit



County of Los Angeles - Department of Health Services
Request for Interim Ordinance Authority
Provisional Allocations to Department
FY 2016-17

<u>Functional Titles</u>	<u>Item No.</u>	<u>Sub.</u>	<u>Desired Classifications</u>	<u>Ordinance Position</u>	<u>Budget Position</u>
Chief Operating Officer	4569	A	Executive Manager, Health Services	1.0	1.0
Medical Director	5464	A	Senior Physician	1.0	1.0
Administrative Services Manager	1003	A	Administrative Services Manager II	2.0	2.0
Program Managers	4593	A	Staff Analyst, Health	5.0	5.0
Program Support Assistant	2214	A	Intermediate Typist-Clerk	2.0	2.0
Improvement Advisors:					
	1004	A	Administrative Services Manager III	1.0	1.0
	4594	A	Senior Staff Analyst Health	1.0	1.0
	4595	A	Assistance Staff Analyst, Health Services	2.0	2.0
	1757	A	Epidemiology Analyst	1.0	1.0
	0888	A	Administrative Assistant II	1.0	1.0
Training Institute Director	4629	A	Program Implementation Manager, HS	1.0	1.0
Research Analyst (Data & Analytics):					
	1757	A	Epidemiology Analyst	1.0	1.0
	8973	A	Research Analyst III, Behavior Science	1.0	1.0
	1759	A	Epidemiologist	1.0	1.0
Finance	0755	A	Fiscal Officer II, HS	1.0	1.0
Contract & Grants	1002	A	Administrative Services Manager I	3.0	3.0
Total				<u>25.0</u>	<u>25.0</u>